MERCY RESIDENTIAL & REHAB CENTER

2727 WEST MITCHELL STREET

MI LWAUKEE 53215 Phone: (414) 383-3699 Ownership: Corporati on Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 60 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 60 Average Daily Census: **56** Number of Residents on 12/31/00: **54** 

| Services Provided to Non-Resident | s     | Age, Sex, and Primary Diagn | osis of | Residents (12/3 | 1/00)  | Length of Stay (12/31/00 | 9) %       |
|-----------------------------------|-------|-----------------------------|---------|-----------------|--------|--------------------------|------------|
| Home Health Care                  | No    | Primary Diagnosis           | <br>%   | Age Groups      | <br>%  | Less Than 1 Year         | 53. 7      |
| Supp. Home Care-Personal Care     | No    |                             |         |                 |        | 1 - 4 Years              | 40. 7      |
| Supp. Home Care-Household Service | s No  | Developmental Disabilities  | 1.9     | Under 65        | 14. 8  | More Than 4 Years        | 5. 6       |
| Day Services                      | No    | Mental Illness (Org./Psy)   | 40.7    | 65 - 74         | 9. 3   |                          |            |
| Respite Care                      | Yes   | Mental Illness (Other)      | 0.0     | 75 - 84         | 46. 3  |                          | 100. 0     |
| Adult Day Care                    | No    | Alcohol & Other Drug Abuse  | 0.0     | 85 - 94         | 27. 8  | ***************          | *******    |
| Adult Day Health Care             | No    | Para-, Quadra-, Hemi plegic | 0.0     | 95 & 0ver       | 1. 9   | Full-Time Equivale       | ent        |
| Congregate Meals                  | No    | Cancer                      | 3. 7    |                 |        | Nursing Staff per 100 l  | Resi dents |
| Home Delivered Meals              | No    | Fractures                   | 5. 6    |                 | 100. 0 | (12/31/00)               |            |
| Other Meals                       | No    | Cardi ovascul ar            | 5.6     | 65 & 0ver       | 85. 2  |                          |            |
| Transportation                    | No    | Cerebrovascul ar            | 11. 1   |                 |        | RNs                      | 9. 7       |
| Referral Service                  | No    | Diabetes                    | 3. 7    | Sex             | %      | LPNs                     | 6. 7       |
| Other Services                    | No    | Respiratory                 | 1. 9    |                 |        | Nursing Assistants       |            |
| Provi de Day Programming for      |       | Other Medical Conditions    | 25. 9   | Male            | 33. 3  | Aides & Orderlies        | 36. 0      |
| Mentally Ill                      | No    |                             |         | Femal e         | 66. 7  | i<br>I                   |            |
| Provide Day Programming for       |       |                             | 100.0   |                 |        |                          |            |
| Developmentally Disabled          | No    | Ì                           |         |                 | 100. 0 |                          |            |
| *****************                 | ***** | *********                   | *****   | ******          | *****  | *******                  | k*****     |

Method of Reimbursement

|                        |      |              |                        |     | M. J   |           |    |        |             |    |          |           |         |                                |           |           |            |
|------------------------|------|--------------|------------------------|-----|--------|-----------|----|--------|-------------|----|----------|-----------|---------|--------------------------------|-----------|-----------|------------|
| Medicare<br>(Title 18) |      |              | Medicaid<br>(Title 19) |     |        | 0ther     |    |        | Private Pay |    |          | Manag     | Percent |                                |           |           |            |
|                        |      | (11 61       | Per Die                |     | ` ,    |           |    |        |             |    | <i>y</i> |           |         | Managed Care<br>Per Diem Total |           |           | Of All     |
| Level of Care          | No.  | %            | Rate                   | No. | %      | Rate      | No | . %    | Rate        | No | . %      | Rate      | No.     | %                              | Rate      | No.       | Resi dents |
| Int. Skilled Care      | 2    | 25. 0        | \$357. 64              | 2   | 6. 9   | \$121. 08 | 0  | 0. 0   | \$0. 00     | 1  | 11. 1    | \$159. 75 | 1       | 50. 0                          | \$417. 00 | 6         | 11. 1%     |
| Skilled Care           | 6    | <b>75.</b> 0 | \$357.64               | 18  | 62. 1  | \$103.80  | 6  | 100. 0 | \$200.53    | 6  | 66. 7    | \$153.00  | 1       | 50. 0                          | \$203.00  | 37        | 68. 5%     |
| Intermediate           |      |              |                        | 9   | 31.0   | \$86. 51  | 0  | 0.0    | \$0.00      | 2  | 22. 2    | \$109. 25 | 0       | 0. 0                           | \$0.00    | 11        | 20. 4%     |
| Limited Care           |      |              |                        | 0   | 0.0    | \$0.00    | 0  | 0. 0   | \$0.00      | 0  | 0. 0     | \$0.00    | 0       | 0.0                            | \$0.00    | 0         | 0.0%       |
| Personal Care          |      |              |                        | 0   | 0. 0   | \$0.00    | 0  | 0. 0   | \$0.00      | 0  | 0. 0     | \$0.00    | 0       | 0.0                            | \$0.00    | 0         | 0.0%       |
| Residential Care       |      |              |                        | 0   | 0. 0   | \$0.00    | 0  | 0. 0   | \$0.00      | 0  | 0. 0     | \$0.00    | 0       | 0.0                            | \$0.00    | 0         | 0.0%       |
| Dev. Di sabl ed        |      |              |                        | 0   | 0. 0   | \$0.00    | 0  | 0.0    | \$0.00      | 0  | 0.0      | \$0.00    | 0       | 0. 0                           | \$0.00    | 0         | 0.0%       |
| Traumatic Brain In     | j. 0 | 0. 0         | \$0.00                 | 0   | 0. 0   | \$0.00    | 0  | 0. 0   | \$0.00      | 0  | 0. 0     | \$0.00    | 0       | 0.0                            | \$0.00    | 0         | 0.0%       |
| Ventilator-Depende     | nt 0 | 0. 0         | \$0.00                 | 0   | 0. 0   | \$0.00    | 0  | 0. 0   | \$0.00      | 0  | 0.0      | \$0.00    | 0       | 0.0                            | \$0.00    | 0         | 0.0%       |
| Total                  | 8    | 100. 0       |                        | 29  | 100. 0 |           | 6  | 100. 0 |             | 9  | 100.0    |           | 2       | 100. 0                         |           | <b>54</b> | 100.0%     |

MERCY RESIDENTIAL & REHAB CENTER

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of Assistance of % Totally Number of Private Home/No Home Health Daily Living (ADL) One Or Two Staff Resi dents 1.6 Independent Dependent Private Home/With Home Health Bathi ng 0.0 79.6 20.4 0.0 54 Other Nursing Homes 2.6 Dressi ng 14.8 66.7 18.5 54 Acute Care Hospitals 95.8 Transferring 20.4 **50.0** 29.6 54 Psych. Hosp. - MR/DD Facilities 0.0 Toilet Use 20.4 31.5 48. 1 54 Rehabilitation Hospitals 0.0 Eati ng 59.3 24.1 16.7 54 0.0 | \* Other Locations Total Number of Admissions 189 Special Treatments % Conti nence Percent Discharges To: Indwelling Or External Catheter 13.0 Receiving Respiratory Care 9.3 Private Home/No Home Health 35.3 Occ/Freq. Incontinent of Bladder 70.4 Receiving Tracheostomy Care 0.0 Private Home/With Home Health 16.3 Occ/Freq. Incontinent of Bowel 53.7 Receiving Suctioning 1.9 Other Nursing Homes 3.2 Receiving Ostomy Care 3. 7 Acute Care Hospitals 21.1 Mobility Receiving Tube Feeding 7.4 Physically Restrained Psych. Hosp.-MR/DD Facilities 1.1 0.0 Receiving Mechanically Altered Diets 33. 3 Rehabilitation Hospitals 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics Deaths 23.2 With Pressure Sores 5.6 Have Advance Directives 98. 1 Total Number of Discharges With Rashes 3.7 Medi cati ons (Including Deaths) 190 Receiving Psychoactive Drugs 50.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

|  |          | Ownership: This Proprietary Facility Peer Group |       | Bed    | Si ze: | Li c       | ensure: |            |       |
|--|----------|---|-------|--------|--------|------------|---------|------------|-------|
|  | Thi s    |   |       | 50-    | 99     | Ski l      | lled    | All        |       |
|  | Facility |   |       | Peer   | Group  | Peer Group |         | Facilities |       |
|  | %        | %   | Ratio | %      | Ratio  | %          | Rati o  | %          | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 93. 3    | 74.6  | 1. 25 | 86. 1  | 1. 08  | 81. 9      | 1. 14   | 84. 5      | 1. 10 |
| Current Residents from In-County                     | 96. 3    | 84. 4   | 1. 14 | 90. 2  | 1. 07  | 85. 6      | 1. 12   | 77. 5      | 1. 24 |
| Admissions from In-County, Still Residing            | 14. 8    | 20. 4   | 0. 73 | 22. 1  | 0. 67  | 23. 4      | 0. 63   | 21. 5      | 0. 69 |
| Admissions/Average Daily Census                      | 337. 5   | 164. 5  | 2. 05 | 168. 8 | 2.00   | 138. 2     | 2.44    | 124. 3     | 2.72  |
| Discharges/Average Daily Census                      | 339. 3   | 165. 9  | 2.05  | 169. 2 | 2. 01  | 139. 8     | 2. 43   | 126. 1     | 2. 69 |
| Discharges To Private Residence/Average Daily Census | 175. 0   | <b>62.</b> 0                                    | 2.82  | 70. 9  | 2.47   | 48. 1      | 3. 64   | 49. 9      | 3.51  |
| Residents Receiving Skilled Care                     | 79. 6    | 89. 8   | 0.89  | 93. 2  | 0. 85  | 89. 7      | 0.89    | 83. 3      | 0.96  |
| Residents Aged 65 and Older                          | 85. 2    | 87. 9   | 0. 97 | 93. 4  | 0. 91  | 92. 1      | 0. 93   | 87. 7      | 0.97  |
| Title 19 (Medicaid) Funded Residents                 | 53. 7    | 71. 9   | 0. 75 | 51.5   | 1. 04  | 65. 5      | 0. 82   | 69. 0      | 0. 78 |
| Private Pay Funded Residents                         | 16. 7    | 15. 0   | 1. 11 | 36. 3  | 0.46   | 24. 5      | 0. 68   | 22. 6      | 0.74  |
| Developmentally Disabled Residents                   | 1. 9     | 1. 3  | 1.40  | 0.4    | 4. 14  | 0. 9       | 2. 08   | 7. 6       | 0. 24 |
| Mentally Ill Residents                               | 40. 7    | 31. 7   | 1. 29 | 33. 0  | 1. 24  | 31. 5      | 1. 30   | 33. 3      | 1. 22 |
| General Medical Service Residents                    | 25. 9    | 19. 7   | 1. 32 | 24. 2  | 1.07   | 21.6       | 1. 20   | 18. 4      | 1.41  |
| Impaired ADL (Mean)                                  | 52.6     | 50. 9   | 1.03  | 48.8   | 1.08   | 50. 5      | 1.04    | 49. 4      | 1.07  |
| Psychological Problems                               | 50. 0    | <b>52.</b> 0                                    | 0. 96 | 47.7   | 1.05   | 49. 2      | 1. 02   | 50. 1      | 1.00  |
| Nursing Care Required (Mean)                         | 8. 1     | 7. 5  | 1.08  | 7. 3   | 1. 11  | 7. 0       | 1. 15   | 7. 2       | 1. 13 |